

Application Data Sheet

Application Information

Application Type::	Regular
Subject Matter::	Utility
CD-ROM or CD-R?::	None
Sequence Submission?::	No
Computer Readable Form (CRF)?::	No
Title::	In Vivo Induction for Enhanced Function of Isolated Hepatocytes
Attorney Docket Number::	68603-507DV2
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	1
Total Drawing Sheets::	4
Small Entity?::	Yes
Petition Included?::	No
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	USA
Status::	Full Capacity
Given Name::	Susan
Middle Name::	J.
Family Name::	Sullivan

Name Suffix::
City of Residence:: Newton
State or Province of Residence:: MA
Country of Residence:: USA
Street of mailing address:: 7 Lind Road

City of mailing address:: Newton
State or Province of mailing
address:: MA
Country of mailing address:: USA
Postal or Zip Code of mailing
address:: 02465

Applicant Authority Type:: Inventor
Primary Citizenship Country:: USA
Status:: Full Capacity
Given Name:: Paul
Middle Name:: G.
Family Name:: Gregory
Name Suffix::
City of Residence:: Shrewsbury
State or Province of Residence:: MA
Country of Residence:: USA
Street of mailing address:: 14 Quail Hollow Drive

City of mailing address:: Shrewsbury
State or Province of mailing
address:: MA
Country of mailing address:: USA

Postal or Zip Code of mailing
address::

01545

Applicant Authority Type:: Inventor

Primary Citizenship Country:: USA

Status:: Full Capacity

Given Name:: Paul

Middle Name:: A.

Family Name:: DeMilla

Name Suffix::

City of Residence:: Dover

State or Province of Residence:: MA

Country of Residence:: USA

Street of mailing address:: 66 Tisdale Drive

City of mailing address:: Dover

State or Province of mailing
address::

MA

Country of mailing address:: USA

Postal or Zip Code of mailing
address::

02030

Correspondence Information

Correspondence Customer

Number:: 23483

Phone number:: (617) 526-6000

Fax Number:: (617) 526-5000

E-Mail address::

Representative Information

Representative Customer

Number:: 23483

Domestic Priority Information

Application ::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Division of	10/036,593	12/21/01
10/036,593	Division of	09/621,921	07/24/00
09/621,921	Claims Benefit of	60/145,362	07/22/99

Assignment Information

Assignee name:: Organogenesis, Inc.

Street of mailing address:: 150 Dan Road

City of mailing address:: Canton

State or Province of mailing
address::

MA

Country of mailing address:: USA

Postal or Zip Code of mailing
address::

02021